

UNKNOWN LABORATORY

ANALYTICAL REQUEST

Request ID Here

Accession # Here

		One Form Per Sample				One Form Per Sample	
LAB USE >>> ONLY		DATE <<< TIME STAMP		SAMPLE TEMPERATURE (deg C):		Field preservation confirmed	
				Sample Priority (If 1 or 2 call lab): 3		<input type="checkbox"/> Preserved to pH < 2 at Lab	
						Date/Initial:	
SUBMITTER CODE (3-digit): 070		LAB REMARKS:					
<input type="radio"/> 55000 (DWB-SDWA - fee-for-service)		<input type="radio"/> 55420 (DWB-non-reg. contaminants)		<input type="radio"/> 64000 (Individual client fee-for-service)		<input type="radio"/> OTHER	
NMED AREA OFFICE: LAS CRUCES AREA		SAMPLER NAME: RICHARD ASBURY		SAMPLE CONTACT: 575-644-9938			
WATER SYSTEM ID: NM3510707		WATER SYSTEM NAME: CBG WATER COMPANY					
FACILITY/LOCATION: WELL #1		FACILITY ID: 10707001		SAMPLING POINT ID: SP107070011			
FIELD DATA AND REMARKS		<input type="checkbox"/> Non-chlorinated <input type="checkbox"/> Chlorinated		Residual (mg/l):		pH:	
						Conductivity (uS/cm):	
						Temperature (deg. C):	
		Field remarks:					
SAMPLING DOCUMENTATION		<input type="checkbox"/> NMED monitoring <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> Confirmation <input type="checkbox"/> Composite <input type="checkbox"/> Split with facility <input checked="" type="checkbox"/> Grab sample <input type="checkbox"/> Non-compliance <input type="checkbox"/> Other				Describe:	
SAMPLE TYPE		<input checked="" type="checkbox"/> Non-filtered Water <input type="checkbox"/> Filtered water <input type="checkbox"/> Raw water <input type="checkbox"/> Finished water <input type="checkbox"/> Other air/liquid/solid				Describe:	
PRESERVATION		<input type="checkbox"/> None <input type="checkbox"/> Stored Shipped at < 4 C <input type="checkbox"/> HCl added to pH <= 2 <input type="checkbox"/> HNO3 added to pH <= 2 <input type="checkbox"/> H2SO4 added to pH <= 2 <input type="checkbox"/> Lab to acidify <input type="checkbox"/> NaOH added to pH >= 12 <input type="checkbox"/> Other <input type="checkbox"/> C6H8O6 acid added <input type="checkbox"/> Acidified at Lab <input type="checkbox"/> Na2S2O3				Describe:	
Analysis Requested:		FLUORIDE					
Additional Analytical							
CHAIN OF CUSTODY							
MUST BE FILLED OUT FOR ALL COMPLIANCE SAMPLES							
Sample was Collected By:	Print Name	Signature	Sampler / Operator ID #	Date of Collection	Time of Collection		
	RICHARD ASBURY		4058	MM/DD/YY	HHMM (24 HR)		
Sample Evidentiary Seals - <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged							
Placed in Care of:	Print Name of Carrier	Tracking Number / Bill of Lading		Date	Time		
				MM/DD/YY	HHMM (24 HR)		
Sample Evidentiary Seals - <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged							
Relinquished by:	Print Name of Receiver	Signature of Receiver	Date	Time			
			MM/DD/YY	HHMM (24 HR)			
Sample Evidentiary Seals - <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged							
TO BE FILLED OUT BY LABORATORY PERSONNEL ONLY							
Relinquished by:	Print Name of Receiver	Signature of Receiver	Date	Time			
			MM/DD/YY	HHMM (24 HR)			
Sample Evidentiary Seals - <input type="checkbox"/> Not Present <input type="checkbox"/> Present & Intact <input type="checkbox"/> Present & Damaged							
Comments:							
Comments:							